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MEPRS TRAINING SYMPOSIUM

Army Medical Home

Set-up and Sustainment of Medical Homes

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UNCLASSIFIED

Briefing Outline

PURPOSE: Set-up and Sustainment of Medical Homes

- Practice vs Home
- AMH/PCMH Overview
- Documentation for Medical Home
- Requirements for 4th Level MEPRS FCC
- Standardized Naming Convention
- NCQA Certification
- MEPRS Business Rules
- DMHRSi Business Rules
- AMPOs Review of AMH/PCMH
- Questions & Answers

Practice vs Homes

Practice:

Consists of several homes usually providing the same specialty or a multidisciplinary

Types of Medical Homes

- Patient Centered Medical Home (PCMH) Re-engineering, reorganization and/or consolidation of existing clinics, existing space, existing personnel, etc.
- Community Based Medical Home (CBMH) Community Based Medical Homes (CBMH). CBMHs were developed to put patient centered care in our communities where our beneficiaries live.
- Soldier Center Medical Home (SCMH) Soldier Centered Medical Homes. The SCMH provides enhanced services located in close proximity to the Soldier's primary work area, ideally within walking distance, thereby improving

PCMH Overview

The Creation of the PCMH:

- In September 2009, Health Affairs published a new policy regarding the creation of Patient Centered Medical Home (PCMH)

Applicable to:

- All Medical Treatment Facilities (MTFs) across the Services

Purpose:

- To assist MTFs in more accurately reporting and tracking the PCMH's performance
- Directs the use of 4th level MEPRS FCC per Home

The Premise of the PCMH:

- The best healthcare begins with a strong primary care foundation, accompanied by quality and resource efficiency incentives.

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Documentation for Medical Home

Documentation Required for 4th Level MEPRS FCC:

- Must be submitted and include the information identified in the appropriate Attachment 3.

Attachment 3 for the Appropriate Type of Home:

1. Patient Centered Medical Home (PCMH) Attachment 3
2. Community Based Medical home (CBMH) Attachment 3
3. Soldier Centered Medical Home (SCMH) Attachment 3

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Requirements for a 4th Level MEPRS FCC

Requirements:

Must meet the criteria of a standalone workcenter to form a home(s) and does not rely on an existing workcenter for any of the following.

- Personnel
- Infrastructure
- Space
- Supplies/equipment

Standardized Naming Convention

MEPRS FCC for the type of Home:

Homes within the Practice will be assigned a 4th level MEPRS FCC based on specialties that makes up the practice. To identify a medical home "Z" is in the 3d position of the MEPRS FCC.

Service Provided in Home			MEPRS Code/FCC for Home		
C	=	Primary Care	=	FCC:	BHZ
P	=	Pediatrics	=	FCC:	BDZ
I	=	Internal Medicine	=	FCC:	BAZ
F	=	Family Medicine	=	FCC:	BGZ
M	=	Multi Specialty	=	FCC:	BGZ (Includes Pediatrics & Internal Medicine) Medicine)

Medical Home MEPRS FCCs are not standardized at the 4th level, but requests for a 4th level MEPRS FCCs are limited to alpha characters; for example, BGZA, BGZB, etc.. MTFs may select any 4th level character, which can be consistent with the MTF site unique naming convention.

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Naming the Army Medical Home

AMH F 01 A HORSE

1. Name must start with AMH
2. Followed by Service Provided
   - F = Family Medicine
   - P = Pediatrics
   - I = Internal Medicine
   - M = Multi Specialty
   - C = Primary Care
   - S = Soldier Centered
3. Followed by the Home Practice Number for the Medical Homes (example01)
4. Followed by the Home Designator (example A or B, etc.)
5. Followed by a unique name that is easily distinguishable in the first 6 characters for clerks (example Seal, Horse)
6. Name is entered without spaces: AMHF01AHORSE
7. Total of 13 characters

Naming the Cost Pool (CP)

Cost pool for Practice's Homes: AMH F 01 CP YBARR
(*Practice Name*)

Medical Home Name A: AMH F 01 A HORSES
Medical Home Name B: AMH F 01 B LIONS

1. Name must start with AMH
2. Followed by Service Provided for that Practice
   F = Family Medicine M = Multi Specialty
   P = Pediatrics C = Primary Care
   I = Internal Medicine S = Soldier Centered
3. Followed by the Home Practice Number this Cost pool falls under (example01)
4. Followed by the Designator for CP
5. Followed by abbreviation for Practice Name
6. Name is entered without spaces: AMHF01CP_ _ _ _ _
7. Total of 13 characters

Standardized Naming Convention

Naming Convention:

With the implementation of the unique 4th level MEPRS FCC at the home level, each home will use the same standardized naming convention in all MHS systems.

Practice Name: Ybarra Army Health Center

DMHRSi		EASi		CHCS		GFEBS
AMHF01AHORSE		AMHF01AHORSE		AMHF01AHORSE		AMHF01AHORSE
AMHF01BLION		AMHF01BLION		AMHF01BLION		AMHF01BLION
AMHF01CPYBARR		AMHF01CPYBARR		AMHF01CPYBARR		AMHF01CPYBARR

Practice Name: Johnson Army Health Center

DMHRSi		EASi		CHCS		GFEBS
AMHF01ASPURS		AMHF01ASPURS		AMHF01ASPURS		AMHF01ASPURS
AMHF01BLAKERS		AMHF01BLAKERS		AMHF01BLAKERS		AMHF01BLAKERS
AMHF01CTHUNDE		AMHF01CTHUNDE		AMHF01CTHUNDE		AMHF01CTHUNDE
AMHF01CPIOHNS		AMHF01CPIOHNS		AMHF01CPIOHNS		AMHF01CPIOHNS

MEPRS Business Rules

Set up:

- Ancillary – (Path, Phar, Rad) MEPRS FCC D***
- Clinic Chief (Branch/admin) - EBC*
- Housekeeping – EFA*
- Logistics – EEA*
- DMIS ID (if applicable for outside the main MTF)
- GFEBS
- Leased Costs (if applicable) – EDF*
- TDY cost

MEPRS Business Rules cont.

- Square footage should be captured in each home 4th level MEPRS FCC. Shared space for hallways, waiting rooms, etc. should be captured in EBC*. If an EBC* account does not exist in the practice, then the square footage should be distributed amongst the homes within the practice.

- If each home has its own designated supplies/equipment they will be charged to the home 4th level MEPRS FCC. If the Medical Home Clinic shares supplies/equipment, a cost pool will be set up to distribute the cost amongst the homes (must have AMPO approval for the use of a cost pool).

- Army Medical Home clinics that have contractors in their Homes will need to ensure there is a WBS in GFEBS for each of the Home MEPRS FCCs for the contract costs. The personnel cost on the contract must be in the same 4th level MEPRS FCCs as the man-hours.

DMHRSi Business Rules

- In the case where other non-provider services are being performed in the PCMH (i.e., BH, Pharmacy etc.)

  - Non-providers assigned to a primary work center (i.e., pharmacy), but actually performs duties in the PCMH should allocate their time and work to the various PCMH homes where performing services. This allows for the ability to allocate work and available labor costs based on actual services provided to individual PCMH homes. These non-providers will report their non-available time (leave, TDY etc.) to where they are assigned.

- Situations involving floating providers working in the PCMH

  - Assign the floating provider to a home but do not empanel patients to the provider. This allows for the ability to allocate work and available labor costs based on services provided to the individual PCMH homes. These providers will still report their non-available time

DMHRSi Business Rules cont.

- The following personnel will be authorized to report their man-hours to a cost pool. Cost pool MEPRS FCC must be approved by AMPO and listed on the Attachment 3 document.

  - Front desk clerks
  - NCOIC
  - Shared nursing staff
  - AMPO approved skill type 2 providers (i.e. behavioral health clinical pharmacist, etc.)

- Personnel supporting multiple homes must charge their man-hours to the home they are supporting.

AMPOs Review of AMH cont.

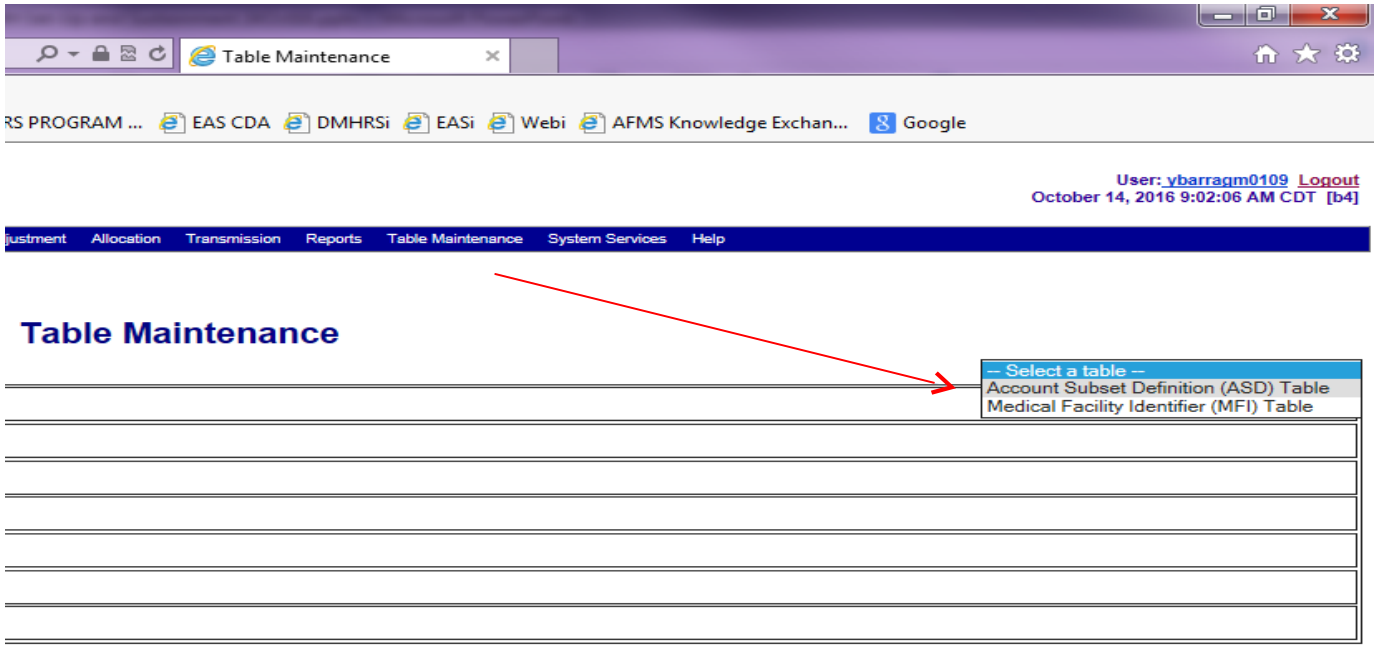
EASi:

- Review MEPRS FCC is on the ASD and has the standardized naming convention. Reminder the there is a maximum 13 characters length, i.e. AMHF01CPYBARR
- Cost pools are set up correctly for allocation
- Data Sets are set up correctly for allocation

EASi ASD

Login to EASi: https://eas.csd.disa.mil/

Select Table Maintenance to populate the ASD



EASi ASD

EASi ASD filtered on AMH

DMIS ID: 0109 AMC BAMC-FSH

Fiscal Yea	4th Level FC	4th Level FCC Description	Data Set ID	ASN	Activation Date	Inactivation Date	Reactivation Date	Deactivation Date
2017	BAXB	AMHI02CPINMED	TOTAL VISITS		6/1/2012			
2017	BAZA	AMHI02AALAMO			6/1/2012			
2017	BAZB	AMHI02BFIESTA			6/1/2012			
2017	BAZC	AMHI02CLNGHRN			6/1/2012			
2017	BAZD	AMHI02DSPURS			6/1/2012			
2017	BDXB	AMHP05CPPEDS	TOTAL VISITS		10/1/2013			
2017	BDZA	AMHP05AKERMIT			10/1/2013			
2017	BDZB	AMHP05BFOZZIE			10/1/2013			
2017	EBCP	AMHP05PEDADMN	FTE	23	10/1/2013			

Note: MEPRS FCCs will be activated in EASIV on the 1st day of the month that the new clinic opens. MEPRS Code/FCCs that are replaced/substituted by a new BGZ* 4th level MEPRS FCCs will be deactivated in EASIV on the last day of the month that the clinics are closed.

EASi ASD

Review for Standard Naming Convention

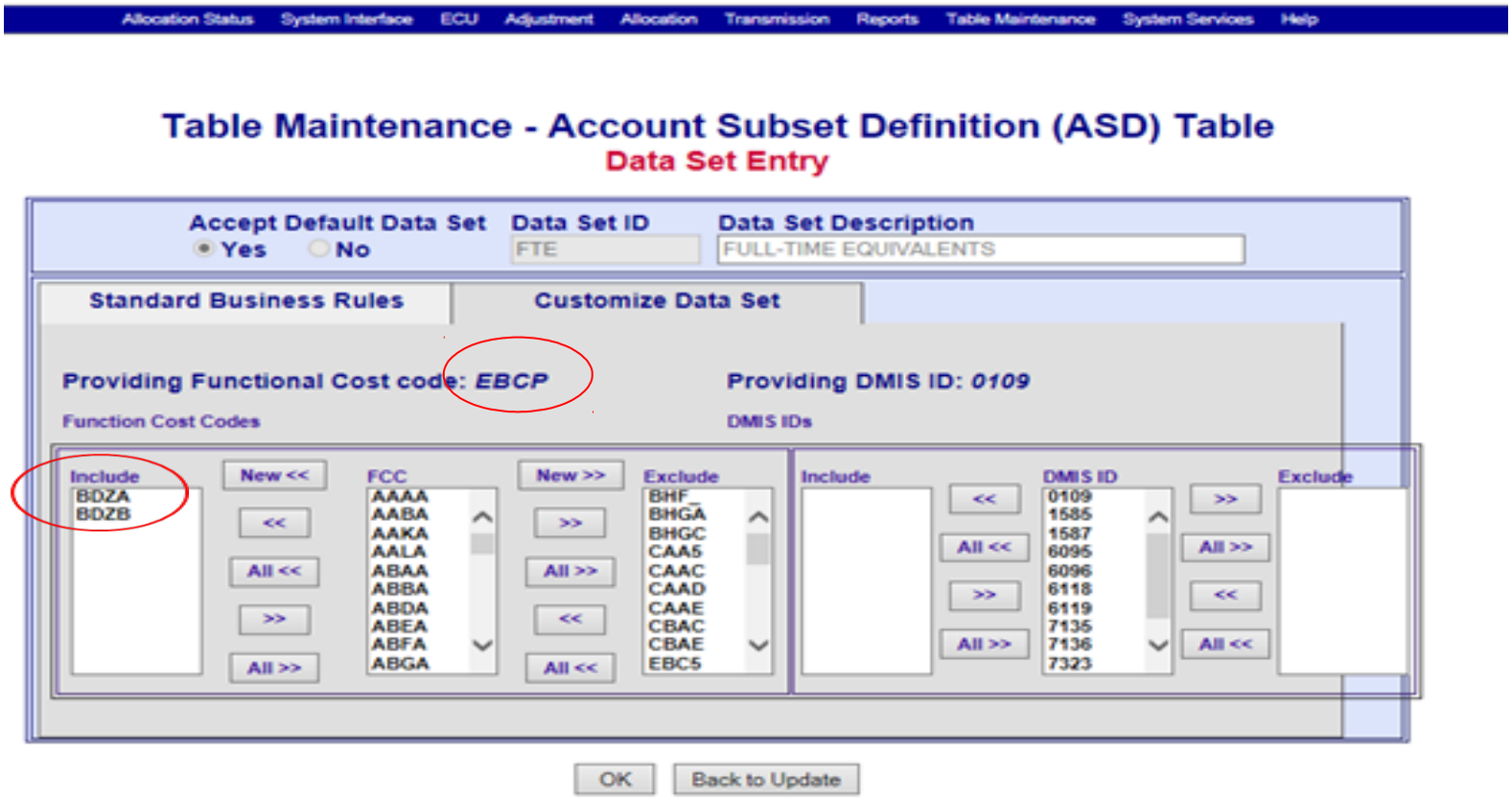
DMIS ID: 0109 AMC BAMC-FSH

Fiscal Year	4th Level FCC	4th Level FCC Description	Character Length	Data Set ID	ASN	Activation Date	Inactivation Date	Reactivation Date	Deactivation Date
2017	BAXB	AMHI02CPINMED	13	TOTAL VISITS		6/1/2012			
2017	BAZA	AMHI02AALAMO	12			6/1/2012			
2017	BAZB	AMHI02BFIESTA	13			6/1/2012			
2017	BAZC	AMHI02CLNGHRN	13			6/1/2012			
2017	BAZD	AMHI02DSPURS	12			6/1/2012			
2017	BDXB	AMHP05CPPEDS	12	TOTAL VISITS		10/1/2013			
2017	BDZA	AMHP05AKERMIT	13			10/1/2013			
2017	BDZB	AMHP05BFOZZIE	13			10/1/2013			
2017	EBCP	AMHP05PEDADMN	13	FTE	23	10/1/2013			

Datasets Set Up

Example of: Correctly allocating only to BDZA and BDZB

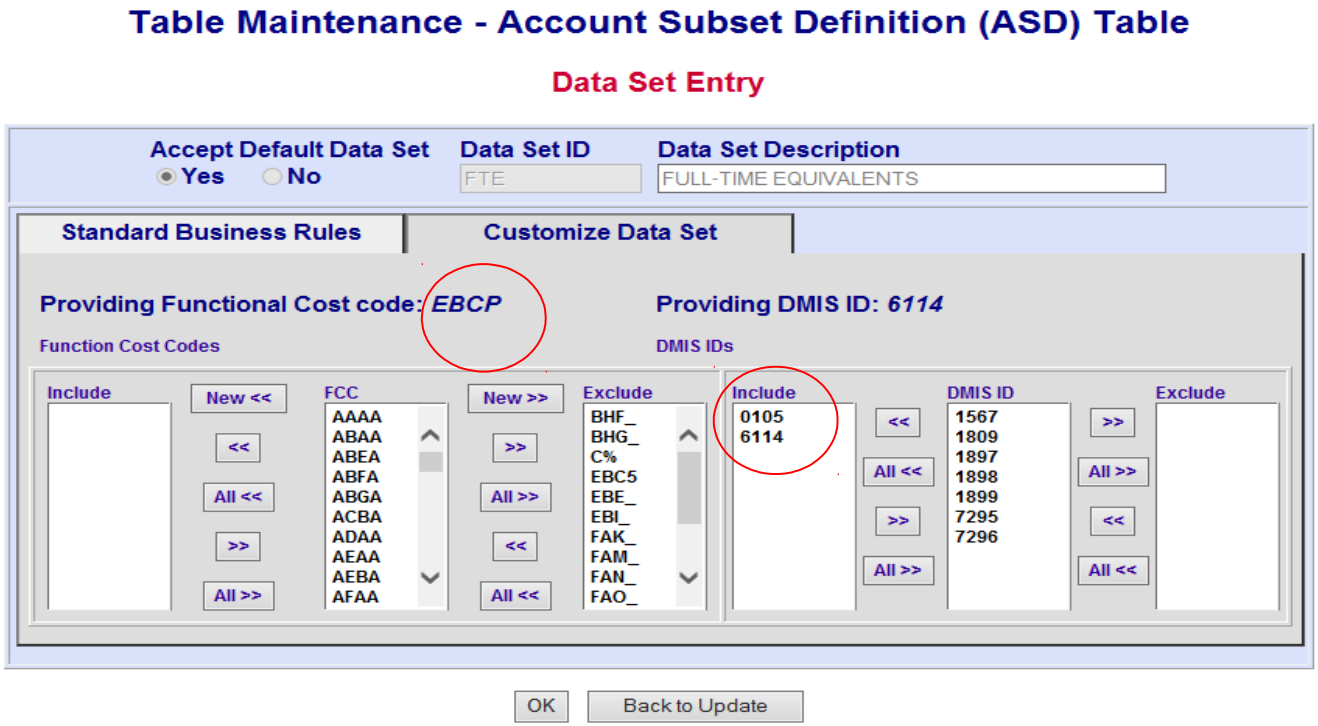
EBCP - AMHP05PEDADMN



Dataset Set Up

Incorrect set up in EASi for allocation of EBCP

Should only be allocating to DMIS ID 6114



DMHRSi

- Review Task FCC (MEPRS Code/FCC) to ensure it is on the sites Project/Task
- Example: Task Number BGZA_0000
- Task Name is in the standardized naming convention format. Reminder the there is a maximum 13 characters length, i.e. AMHF01CPJOHNS
- Chargeable – should be identified with a “Y”
- Service Type – Available

DMHRSi

- MTF MEPRS Analysts should ensure that all shared Front Desk Clerks, NCOICs, etc., are set up in a cost pool but should only report their time to a cost pool to distribute across all teams within the Medical Home.

- **They should not be assigned to the cost pool**.

DMHRSi cont.

Review for Standard Naming Convention Maximum 13 Character Length

Project Number	Task Number	Task Name	Character Length (Max 13)	Chargable	Service Type
1001550	BGXA_0057	AMHM01CPIACH	12	Y	AVAILABLE
1001550	BGXB_7337	AMHM02CPFHC	11	Y	AVAILABLE
1001550	BGZB_0057	AMHM01BIACH2	12	Y	AVAILABLE
1001550	BGZD_7337	AMHM02DFHC1	11	Y	AVAILABLE
1001550	BGZQ_6104	AMHF01BFLHTM6	13	Y	AVAILABLE
1001550	DAAH_6104	AMHF01PHAR	10	Y	AVAILABLE
1001550	DBAH_6104	AMHF01PATH	10	Y	AVAILABLE
1001550	DBAH_6104.01	AMHF01PATH ADMIN	16	Y	AVAILABLE
1001550	EBCH_6104	AMHF01FLHADMN	13	Y	AVAILABLE

GFEBS

- Ensure Cost Centers and/or WBS have been created correctly for accurate financial data flow.

- Cost pools should be set up as a WBS in GFEBS, NOT set up as a Cost Center.

GFEBS cont.

Cost Center Validation of PCMH

- Retrieve the most recent Cost Center Report
- Review the tab labeled CC-File.
- Review columns labeled, Fund Center, Cost Center Category, DMIS ID, Attribute 3, MEPRS DESC, and MEPRS Name.
- Filter on the Fund Center first. (Example: 7401 – STEW) for Ft Stewart.
- Filter on the DMIS ID (Example: 0049) for Ft Stewart.
- Filter on Attribute 3 for Medical Homes; BAZ, BDZ, BGZ, BHZ.

GFEBS cont.

WBS Validation of PCMH

1.Retrieve and review the most recent WBS Element Report .

2.Review columns labeled, WBS Number, PDMIS/DMIS, Attribute 3, and EASi Indicator, and MEPRS Desc.

3.Filter on the DMIS ID (MEDCOM ONLY) (Example: 01050105 for Ft Jackson)

4.Filter on Attribute 3 for BGX* for Cost Pools. (Example: BGXF)

5.Verify each of them have an “X” on the EASI Indicator.

Cost Pools

Cost Pools created as CC

Fund Ctr	Cost Center Categor	DMIS ID	Attribute 3	Cost Center	Name	Description	TDA/TOE Paragraph	MEPRS_DESC	PARA_DESC	CIV PAY FY 13	NOT CP FY 13	CIV PAY FY 14
74KL - BRAG	9	00897294	BGXI	74KL0056	PCMH CHC COST POOL	PCMH CHC COST POOL	324	AMHM01CPCLARK	FPC #4 (CLARK)	2,408,046	187,822	1,840,083
74KL - BRAG	9	00897143	BGXR	74KL0058	PCMH RHC COST POOL	PCMH RHC COST POOL	323	AMHM04CPROBIN	FPC #3 (ROBINSON)	1,577,923	189,373	1,376,686
74KL - BRAG	9	00896105	BGXM	74KL0292	FAY CLINIC CP PCMH	FAY CLINIC COST POOL PCMH	346A	AMHF06CPFAYCB	C, CBMH	199,617	-	254,063
74KL - BRAG	9	00896106	BGXL	74KL0295	HOPE MILLS CP PCMH	HOPE MILLS COST POOL PCMH	347B	AMHF07CPHMCB	SUPPORT	123,880	-	97,439
74KL - BRAG	9	00897286	BGXN	74KL0298	JHC COST POOL PCMH	JHC COST POOL PCMH	322E	AMHM02CPJOELC		1,505,759	93,383	1,476,639
74KL - BRAG	9	00896034	BGXP	74KL0306	PHC COST POOL PCMH	PHC COST POOL PCMH	341A	AMHM03CPTRFMC	TEAM A	779,150	88,150	962,804
74KL - BRAG	9	00897143	BGXR	74KL0310	RHC COST POOL PCMH	RHC COST POOL PCMH	323F	AMHM04CPROBIN				
74KL - BRAG	9	00890089	BGXA	74KL0316	WFMRC COST POOL PCMH	WFMRC COST POOL PCMH	321G	AMHM05CPWFMRC		873,796	85,222	704,763

Note: The Civ Pay FY Columns have expenses, which indicate there are personnel Assigned to the Cost Pool in GFEBS HR mini-master.

Budget will have to correct this anomaly, by going into the GFEBS HR mini-master and reassign these personnel to the correct home and then ensure a WBS is setup for the Cost Pool.

GFEBS WBS Cost Pools

Example of: A WBS excel spreadsheet, filtered on Attribute 3 (MEPRS) Reveals no WBS Cost Pools created

FT. BRAGG - GFEBS RECONCILIATION TO EAS						
WBS Element						
WBS Element	Funds Center	Resp. cost cntr	Defense Medical Identification System ID	EASI Indicator	Attribute 3 (MEPRS)	Description
S.0028898.17	A74KL	74KL0178	00890089		YEXT	BRAGG - JURY DUTY
S.0028901.17	A74KL	74KL0178	00890089		YEXT	BRAGG - MISC COLL

Filtered on: contains "x"

Attribute 3	MEPRS_DESC
BGXI	AMHM01CPCLARK
BGXR	AMHM04CPROBIN
BGXM	AMHF06CPFAYCB
BGXL	AMHF07CPHMCB
BGXN	AMHM02CPJOELC
BGXP	AMHM03CPTRFMC
BGXR	AMHM04CPROBIN
BGXA	AMHM05CPWFMRC

CHCS

- CHCS MEPRS Site Definable Table
- CHCS DQ Hospital Location File
- EAS Data Set ID Updates
- Not every MEPRS code on the EASi ASD will be in CHCS

CHCS cont.

CHCS Site Definable Table

1. In CHCS, print the Site Definable MEPRS Table. *(Note: CHCS DB Administrator will need to provide the table if MEPRS staff do not have access to print it.)*

2. Validate MEPRS codes against the EASi ASD.

   - Validate MEPRS code and DMIS ID.
   - MEPRS codes without a DMIS ID are considered inactive by CHCS.
   - Validate MEPRS code is correct based on description

3. The MEPRS Analyst will ensure that the local CHCS DBA activates the ETU flags that will allow the Medical Home workload to interface into WAM. WAM should be reinitialized after a new Medical Home DMIS ID code and/or new BGZ* MEPRS FCCs are activated in CHCS/AHLTA and after a CHCS MEPRS realignment utility has been applied.

4. If needed after reviewing, mark the Site Definable MEPRS Table

CHCS cont.

Example of CHCS Site Definable Table

2	CODE	DMIS	ACTIVATION/INACTIVATION	ACTIVE/INACTIV	DESCRIPTION
158	BGZA	52	22-Aug-12	ACTIVE	AMHF03AGOLD
159	BGZB	52	22-Aug-12	ACTIVE	AMHF03BGREEN
160	BGZB	437	1-Oct-12	ACTIVE	AMHF05BSBBLUE
161	BGZN	6120	22-Sep-11	ACTIVE	AMHF04AKAHI
162	BGZP	6120	22-Sep-11	ACTIVE	AMHF04BPONO
163	BGZR	437	1-Oct-12	ACTIVE	AMHF05ASBRED
164	BGZW	437	9-Aug-13	ACTIVE	AMHF05CSBWHITE
325					

CHCS cont.

CHCS DQ Hospital Location Report

DQ HOSPITAL LOCATION REPORT

GROUP ID: 0607 11 Feb 2015@0941

PAGE 2

DIVISION / LOCATION TYPE / NAME	DIV DMIS	MEPRS CODE	MEPRS POOL DMIS	MEPRS POOL CODE	MEPRS CLN DMIS	MEPRS CLN TYPE
DIVISION: BAUMHOLDER						
LOCATION TYPE: CLINIC						
AMHM01ABHRCON	1126	BGZR	1126			C
AMHM01ADRAGON	1126	BGZR	1126			C
BHR APHN AND CHN CLINICAL SVC	1126	FBFR	1126			N
BHR ASAP	1126	FCGZ	1126			N
BHR BEHAVIORAL HLTH MULTI-D TM	1126	BFDG	1126			C
BHR CHIROPRACTIC CLINIC	1126	BLAR	1126			C
BHR COMMUNITY HEALTH	1126	BHFR	1126			

EASIV Repository Data

Example of: EAS Repository Query showing DAAR - Pharmacy Workload in the BGXZ: Cost Pool

Fiscal Year	Fiscal Month	Parent DMIS ID	4th Level Functional Cost Code	Data Set ID	Raw Statistical Amount	Weighted Statistical Amount
2016	01	1234	BGXZ	DAAR/1234	1	1
2016	03	1234	BGXZ	DAAR/1234	2	2
2016	06	1234	BGXZ	DAAR/1234	2	2

Manual Adjustment

Example of: Dataset DAAR - Pharmacy Workload in cost pool BGXZ

Before/After Indicator	Fiscal Year	Fiscal Month	Providing DMIS ID	Providing FCC	Data Set ID	DMIS ID	4th Level FCC	EAS III Stat ID	Bene Cat Cd	CPT Cd	CPT Modifier	Data Source ID	Raw Stat Amount	Weighted Stat Amount
BEFORE	2014	Oct	1234	DAAR	DAAR/1234	1234	BFDR	DAA		N/A	00	CHCS1234	1	1.00
AFTER	2014	Oct	1234	DAAR	DAAR/1234	1234	BGXZ	DAA		N/A	00	CHCS1234	1	1.00
11/21/2013 11:21:47 AM	ECU			ERROR CORRECTION		12	Invalid Functional Cost Code (FCC)/DMIS ID							Gena Mae

Before/After Indicator	Fiscal Year	Fiscal Month	Providing DMIS ID	Providing FCC	Data Set ID	DMIS ID	4th Level FCC	EAS III Stat ID	Bene Cat Cd	CPT Cd	CPT Modifier	Data Source ID	Raw Stat Amount	Weighted Stat Amount
BEFORE	2014	Dec	1234	DAAR	DAAR/1234	1234	BHAQ	DAA		N/A	00	CHCS1234	2	2.00
AFTER	2014	Dec	1234	DAAR	DAAR/1234	1234	BGXZ	DAA		N/A	00	CHCS1234	2	2.00
01/23/2014 08:22:40 AM	ECU			ERROR CORRECTION		12	Invalid Functional Cost Code (FCC)/DMIS ID							Gena Mae

Note: This was a manual adjustment. MTF personnel erroneously moved workload from BFDR and BHAQ (work center) to BGXZ (Cost pool)

AMPOs Review of AMH

AMPO is continues to perform a review and analysis on all Army Medical Homes. All MEPRS FCCs associated with each home are being reviewed for correct implementation within all MEPRS reporting systems

The findings are then reported to MEDCOM PCMH Sync Team on a monthly basis via a newly created PCMH Dashboard

AMPOs Review of AMH

- Validate the MEPRS FCC for each home is being captured in all systems, i.e. EAS, DMHRSi, GFEBS and CHCS.
- The naming convention across all MEPRS reporting systems is being reviewed for compliance.
- Cost pools and Data sets are being verified for correct stepdown/allocation.
- GFEBS is validated by ensuring the Cost Center and/or WBS have been created for accurate financial data flow.
- CHCS Site definable table should be reviewed by MTF staff to ensure workload is being captured.

EASIV Repository Query

EASIV Repository Army tab - MEPRS FCC Rvw Query

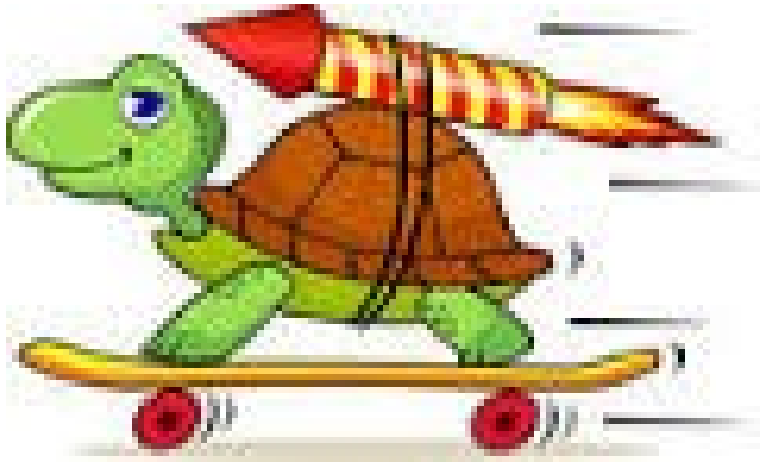
This query will provide the following data:

- Square Footage/Square Footage Cleaned
- Expenses (Financial Pure)
- Assigned/Available FTE
- Workload (Data Sets)
- Allocated Expenses
- Cost pools are set up correctly for allocation
- Data Sets are set up correctly for allocation
- GFEBS Cost Centers have been created.
- GFEBS WBS should be set up for Cost pools and not Cost Centers

Bottom Line

The need for data that's quick and accurate increases each day. There are no second chances for anyone.

People are looking at your data and making assumptions and decisions about YOUR organization



MTFs MEPRS Data

You thought you were paying for this

MTFs MEPRS Data

You were actually ONLY paying for this

MTFs MEPRS Data

You thought you were paying for this

MTFs MEPRS Data

You were ACTUALLY paying for this

Questions

SINCE 1775